



MONTANA PEDIATRIC FACILITY RECOGNITION APPLICATION PACKET

DEMOGRAPHIC INFORMATION FORM

Pediatric Prepared Plan and Pediatric Capable Plan

Montana Emergency Medical Services for Children

Montana EMSC/Child Ready MT Project



MONTANA EMSC FACILITY RECOGNITION

Request for Pediatric Facility Recognition Status

Name of hospital and address (typed)

1. Specify the recognition level for which your hospital is applying for renewal:

- Pediatric Prepared _____
- Pediatrics Capable _____

2. Please supply pertinent contact information for the below individuals.

Typed name – CEO/Administrator

Typed name – Medical Director of Emergency Services

Contact person - Typed name, credentials and title

Contact person - phone number, fax number and email

3. Please supply a range of dates/times that would be convenient for your facility's Pediatric Facility Recognition Site Visit.

Or we can contact you to help with scheduling.